Intraoperative Complications

If the nuclear fragments are below the level of the PC, leaving this material for later removal with pars plana vitrectomy (PPV) by a vitreoretinal surgeon is often best. Some vitreoretinal surgeons suggest that in the presence of nuclear fragments in the vitreous, the cataract surgeon perform an anterior vitrectomy, place an IOL if possible, and consult a retinal specialist for a PPV.25

subdivision of the remaining material. If the nuclear pieces are above the PC but still below the plane of the iris, they should be manipulated into the AC with viscoelasticon and/or a blunt instrument by dialing, lifting, cantilevering, or floating on OVD to allow their subsequent removal from the AC.

Figure 12-3. Intraoperative signs of PCR. (A) As the final portion of nucleus is emulsified, the nasal zonules disinsert and the capsular bag is aspirated into the phaco tip. (B) A linear discontinuity becomes apparent during polishing of the PC with a silicone tipped I/A. (C) A wedge-shaped discontinuity of the PC appears during I/A of the cortex. (D) During nuclear removal, a “too clear” area of PC is noticed with silicone oil presenting anteriorly. (E) A piece of steel penetrated the cornea and lens of this patient, finally coming to rest on the macula. The lens opacity largely obscures the capsular punctures sites. (F) A round and enlarging hole is noticed during phaco after the needle contacted the PC.